

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS (Please read the instructions before completing this form)		<p>Estimated burden per response to comply with this mandatory collection request: 15 minutes. This notification is required so that NRC may estimate the burden of the collection of information that it is conducting in accordance with requirements for protection of the public health and safety. Send comments regarding this burden estimate to the Regulatory Information Branch (E-625), U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, or by Internet e-mail to <a href="mailto:information@nrc.gov">information@nrc.gov</a>, and to the Desk Officer, Office of Information and Regulatory Affairs, NRC-0222, (202) 455-6070. Office of Management and Budget, Washington, DC 20503. If a statute used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.</p>	
<b>1. NAME OF LICENSEE</b> (Name of firm proposing to conduct the activities described below) <b>DAVES &amp; Kelly, INC</b> <b>J. B. A. Jacobson &amp; Associates</b>		<b>2. TYPE OF REPORT</b> <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION <input type="checkbox"/> CLARIFICATION	
<b>3. ADDRESS OF LICENSEE</b> (Mailing address or other location where license may be located) <b>P.O. Box 14748</b> <b>LOUISVILLE, KY 40214</b>		<b>4. LICENSEE CONTACT AND TITLE</b> <b>Michael S. Kelly, CHP</b>	
		<b>5. BUSINESS NUMBER</b> (Include Area Code)	<b>6. FICSI NUMBER</b> (Include Area Code)
<b>7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 192.20</b> <input type="checkbox"/> WELL LOGGING <input checked="" type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS <input type="checkbox"/> TELETHERAPY/RADIATOR SERVICE <input type="checkbox"/> PORTABLE GAUGES <input checked="" type="checkbox"/> OTHER (Specify) <b>⇒ Dose Calibrator QA &amp; Shielding Integrity</b> <input type="checkbox"/> RADIOGRAPHY <b>⇒</b> REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)			
<b>8. CLIENT NAME, ADDRESS, CITY/STATE, ZIP CODE</b> <b>SEE ATTACHED LIST</b>		<b>9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION</b> (Street and Number or other location. Give as complete as address or directions as possible) <b>SEE ATTACHED CLIENT LIST</b>	
		<b>10. CLIENT TELEPHONE NUMBER</b> (Include Area Code)	<b>11. WORK LOCATION TELEPHONE NUMBER</b> (Include Area Code)
<b>12. DATES SCHEDULED</b> FROM <b>SEE ATTACHED</b> TO <b>CLIENT LIST</b>		<b>13. NUMBER OF WORK DAYS</b> <b>FOR 2003</b>	<b>14. ADD</b> 
		<b>15. DELETE</b> 	<b>16. LOCATION REFERENCE NUMBER</b> NUMBER TO BE ASSIGNED BY NRC:
<b>LIST ADDITIONAL WORK SITES ON SEPARATE SHEETS TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.</b>			
<b>17. LIST WORKING TIME INTERVALS, WHICH WILL BE PERFORMED UNDER, UNDER LIES, SERVICES, OR SERVICES</b> (Include description of type and quantity of activities to be performed, initial survey, or studies to be done) <b>Co-57; Ba-133; Cs-137 E-VALS &amp; FLOOD SOURCES</b> <b>GENERALLY LICENSED SOURCES</b>			
<b>18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES UNDER THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEMS 8-16 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 341.)</b>		<b>LICENSE NUMBER</b> <b>201-175-55</b>	<b>STATE</b> <b>KY</b>
		<b>EXPIRATION DATE</b> <b>3/31/2004</b>	
<b>19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)</b>			
<b>A. THE UNDERSIGNED, HEREBY CERTIFY THAT:</b>			
a. All information in this report is true and complete. b. I have read and understand the provisions of the general license 10 CFR 192.20 regulated on the independence of this survey, and I understand that I am required to comply with these provisions as to all types of work, source, or special nuclear material which I possess and use in non-agreement states or offshore waters under the general license for which this report is filed with the U.S. Nuclear Regulatory Commission. c. I understand that activities, including change, conducted in non-agreement states under general license 10 CFR 192.20 are limited to a total of 100 days in calendar year. With the exception of work conducted in offshore waters, which is authorized for an unlimited period of time in the calendar year. d. I understand that I may be inspected by NRC at the above listed work site locations and at the licensee's home office address for activities performed in non-agreement states or offshore waters. e. I understand that conduct of any activities not described above, including conduct of activities on sites or locations different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.			
<b>CERTIFYING OFFICER - 300 or Management Representative (Name and Title)</b> <b>Michael S. Kelly, President, RSO</b>		<b>SIGNATURE</b> <b>Michael S. Kelly</b>	<b>DATE</b> <b>9/13/03</b>
<b>WARNING: False statements in this certificate may be subject to civil and/or criminal penalties. NRC regulations require that submissions to the NRC be complete and accurate in all material respects. 18 U.S.C. Section 1001 makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States on any matter within its jurisdiction.</b>			
<b>FOR NRC USE ONLY</b>	<b>REVENING OFFICIAL (Name and Title)</b> <b>Jane Kirby</b>	<b>SIGNATURE</b> <b>Jane Kirby</b>	<b>DATE</b> <b>9/24/03</b>
<b>FORM USAGE - (DAYS TO DATE)</b>			

ATTACHMENT TO FORM 241  
2003 Client List

#9 and 10 Client Name	Address	Date Worked	Date Scheduled	NRC IRN
Kings Daughter's Hospital	One King's Daughters' Way Madison, IN 47250	3/7/03	9-23-03	000187
Medical Center of Southern Indiana	2200 Market Street Charlestown, IN 47111	3/7/03	9-23-03	000188
Harrison County Hospital	Corydon, IN	5/19/03		000189
Washington County Memorial Hospital	Salem, IN	4/15/03		000190
Scott County Hospital	Scottsburg, IN	4/15/03		000191
Clark Memorial Hospital	Jeffersonville, IN	6/23/03 6/27/03		000192
River City Cardiology	207 Sparks Ave, Suite 104 Jeffersonville, IN 47130	4/21/03		000193
ESSROC Materials	Speed Plant, Hwy 31 North Speed, Indiana 47172			000194
Cardiovascular Associates Of Southern Indiana	2109 Green Valley RD New Albany, IN 47150	4/15/03 8/22/03		000195

Form 241;  
Item 10: Work Location same as mailing address  
Item 11 & 13: Not available at this time

Note: USNRC will be notified by facsimile transmission 3 days prior to the work date  
if/when dates of work are determined for these facilities.

Revised 9/13/03